



# Critical Illness Insurance Plan Summary and Rate Sheet

DNV GL USA, Inc

Coverage Effective: 1/1/2024

Critical Illness Insurance from **The Prudential Insurance Company of America (Prudential)** pays you regardless of your medical or disability plans. Benefits are paid directly to you to spend however you like, including out-of-pocket medical costs and everyday living expenses.<sup>1</sup>

Below is a summary of the benefits included in the coverages available to you, your spouse/domestic partner and child(ren). For a complete list of benefits, limitations and exclusions, please refer to your Certificate of Coverage.

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

## Critical Illness Plan Design

Coverage Summary	
<b>Eligibility</b>	All active, full time employees working a minimum of 30 hours per week and grandfathered employees
<b>Employee</b>	Employee - Up to age 100
<b>Spouse/Domestic Partner</b>	Dependent Spouse/Domestic Partner - Up to age 100
<b>Children</b>	Dependent Child - Up to age 26
<b>Employee</b>	Multiples of \$10,000 to a maximum of \$30,000
<b>Spouse/Domestic Partner</b>	Multiples of \$10,000, to a maximum of \$30,000, not to exceed 100% of your amount.
<b>Children</b>	Multiples of \$5,000, to a maximum of \$15,000, not to exceed 50% of your amount.
<b>Guaranteed Issue Amount</b>	Employee - \$30,000 Spouse/Domestic Partner - \$30,000 Child - \$15,000

All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events. Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.

<b>Age Reduction Schedule</b>	No Age Reduction Applies to Employee and Spouse/Domestic Partner Coverage.
<b>Lifetime Benefit Maximum</b>	500% of amount of insurance.
<b>Recurrence</b>	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit.  Recurrence means positive diagnosis of a Critical Illness or Procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 180 Days after prior benefit payment.

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<b>PAID AT 100% OF COVERAGE AMOUNT<sup>2</sup></b>	Benign Brain Tumor - Blindness - Cancer – Invasive - Heart Attack (without Sudden Cardiac Arrest) - Major Organ Failure - Paralysis of Limbs - Renal Failure - Severe Coronary Artery Disease - Stroke - Third Degree Burns - Type 1 Diabetes  <b>Childhood Benefits</b>  Autism - Cerebral Palsy - Cleft Lip / Palate - Cystic Fibrosis - Down Syndrome - Gaucher Disease Type 2 or 3 - Glycogen Storage Disease Type IV - Infantile Tay Sachs Disease - Muscular Dystrophy - Niemann-Pick Disease - Pompe Disease - Sickle Cell Anemia - Spina Bifida - Zellweger Syndrome
<b>PAID AT 25% OF COVERAGE AMOUNT<sup>2</sup></b>	Alzheimer's Disease - Cancer – Non-Invasive (in Situ – other than Skin Cancer) - Coma - Coronary Artery Bypass Graft - Crohn's Disease - Parkinson's Disease - Transient Ischemic Attack (TIA) - Amyotrophic Lateral Sclerosis (ALS) - Multiple Sclerosis
<b>PAID AT \$250</b>	Skin Cancer
<b>Additional Benefits and Provisions</b>	<b>Your plan also provides coverage for the benefits listed below. This coverage is paid in addition to the Lifetime Benefit Amount payable under you plan</b>
<b>Wellness Benefit</b>	Wellness benefit is a \$50 benefit which is payable once per calendar year if the covered person receives one of the specified health screening tests while not confined in a hospital. Please refer to the booklet/certificate for details. <sup>3</sup>

## Insurance Rates

Critical Illness Insurance may cost less than you think. Your Monthly rates per \$1,000 of coverage are outlined below.

### Rates

Attained age of Employee	Employee + Child(ren)	Spouse/Domestic Partner
<25	\$0.199	\$0.199
25-29	\$0.269	\$0.269
30-34	\$0.408	\$0.408
35-39	\$0.560	\$0.560
40-44	\$0.749	\$0.749
45-49	\$1.225	\$1.225
50-54	\$1.732	\$1.732
55-59	\$2.346	\$2.346
60-64	\$2.896	\$2.896
65-69	\$3.897	\$3.897
70-74	\$4.889	\$4.889
75-79	\$4.889	\$4.889
80-84	\$4.889	\$4.889
85+	\$4.889	\$4.889

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse/Domestic Partner rate is based on employee's date of birth.

Follow this worksheet to determine the cost of insurance for you.

1. Select the desired amount of coverage \$\_\_\_\_\_
2. Locate the monthly rate The monthly rate per \$1,000 is \$\_\_\_\_\_
3. Divide the selected amount of coverage by \$1,000. Then multiply the result by the monthly rate to get the monthly cost of insurance.  
\$\_\_\_\_\_ divided by \$1,000 is \$\_\_\_\_\_  
\_\_\_\_\_ multiplied by \$\_\_\_\_\_ = \$\_\_\_\_\_

1. Out-of-pocket expenses may be both medical and non-medical expenses.
2. Above is a summary of the benefits included in the coverages available to you. For a complete list of benefits, limitations, and exclusions, please refer to your Certificate of Coverage.
3. The Health Screening/Wellness Benefit is not available in all states. All Employees of DNV GL USA, Inc. are eligible to receive this benefit if they qualify

**This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).**

**This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.**

Group Critical Illness Insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential’s Critical Illness Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. A more detailed description of the benefits, limitations, and exclusions applicable are contained in the Outline of Coverage provided at time of enrollment. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 114774.

**This product is subject to filing and approval by the applicable jurisdictions. Product terms and conditions may vary from what is discussed herein.**

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